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FROM: Gwilym J. Attwell
SENDER'S PHONE: 215.665.6904
OF PAGES (INCLUDING COVER):
DATE: November 1, 2004

TIMEKEEPER NO.: 2287
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FILE NAME: PHRM0022-100
FILE #: 130893

RECIPIENT(S)	PHONE	FAX
Examiner Robert S. Landsman U.S. PATENT AND TRADEMARK OFFICE GROUP ART UNIT 1647	703.308.0196	703.872.9306

MESSAGE: OFFICIAL FAX!

Serial No.: 09/835,995 - Filing Date: April 17, 2001

Attachments: Transmittal form (1 sheet)
Fee Transmittal (w/auth to charge deposit acct-\$430) (1 sheet)
Petition for Extension of Time - 2 months (1 sheet)

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PTO/SB/21 (08-04)

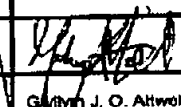
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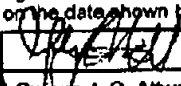
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/835,895
	Filing Date	April 17, 2001
	First Named Inventor	Charlotte Soderberg
	Art Unit	1847
	Examiner Name	Robert S. Landsman
Total Number of Pages in This Submission	Attorney Docket Number	PHRM0022-100(PC28841;00148)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor		
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Date	November 1, 2004	Reg. No.	45.449

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2004. Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p><i>Complete if Known</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>08/836,995</td></tr> <tr><td>Filing Date</td><td>April 17, 2001</td></tr> <tr><td>First Named Inventor</td><td>Charlotte Soderberg</td></tr> <tr><td>Examiner Name</td><td>Robert S. Landsman</td></tr> <tr><td>Art Unit</td><td>1847</td></tr> <tr><td>Attorney Docket No.</td><td>PHRM0022-100(PC26641;00146)</td></tr> </table>		Application Number	08/836,995	Filing Date	April 17, 2001	First Named Inventor	Charlotte Soderberg	Examiner Name	Robert S. Landsman	Art Unit	1847	Attorney Docket No.	PHRM0022-100(PC26641;00146)
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TOTAL AMOUNT OF PAYMENT (\$) 430															

<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <p> Deposit Account Number: 50-1275 Deposit Account Name: Cozen O'Connor </p> <p>The Director is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p>				<p>FEE CALCULATION (continued)</p> <p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1051</td><td>150</td><td>2051</td><td>05</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>400</td><td>2252</td><td>218</td><td>Extension for reply within second month</td><td>430</td></tr> <tr><td>1253</td><td>900</td><td>2253</td><td>480</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,530</td><td>2254</td><td>785</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,080</td><td>2255</td><td>1,040</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>340</td><td>2401</td><td>170</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>340</td><td>2402</td><td>170</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>300</td><td>2403</td><td>150</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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<p>SUBMITTED BY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name (Print/Type)</td> <td>Gailym J. J. Aswell</td> <td>Registration No. (Attorney/Agent)</td> <td>48,448</td> <td>Telephone</td> <td>215-665-6904</td> </tr> <tr> <td>Signature</td> <td></td> <td>Date</td> <td colspan="3">November 1, 2004</td> </tr> </table>				Name (Print/Type)	Gailym J. J. Aswell	Registration No. (Attorney/Agent)	48,448	Telephone	215-665-6904	Signature		Date	November 1, 2004			<p><i>Complete if applicable</i></p>	
Name (Print/Type)	Gailym J. J. Aswell	Registration No. (Attorney/Agent)	48,448	Telephone	215-665-6904												
Signature		Date	November 1, 2004														

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